

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PSA</i>	<i>7.585</i>	
O.J.P.E. CLASSIFIER	<i>RSID</i>		<i>2/24/24</i>
FORMALITY REVIEW		<i>14833</i>	<i>2/24/20</i>
RESPONSE FORMALITY REVIEW	<i>1.111</i>		

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ○ ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/24/24
2	✓	✓	2/24/24
3	✓	✓	2/24/24
4	✓	✓	2/24/24
5	✓	✓	2/24/24
6	✓	✓	2/24/24
7	✓	✓	2/24/24
8	✓	✓	2/24/24
9	✓	✓	2/24/24
10	✓	✓	2/24/24
11	✓	✓	2/24/24
12	✓	✓	2/24/24
13	✓	✓	2/24/24
14	✓	✓	2/24/24
15	✓	✓	2/24/24
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43	✓	✓	2/24/24
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47	✓	✓	2/24/24
48	✓	✓	2/24/24
49	✓	✓	2/24/24
50	✓	✓	2/24/24

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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